

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: HEALTHMED INTERNATIONAL CORPORATION  
BUSINESS STREET ADDRESS: 12890 SW 34 PLACE DAVIE FL ZIP 33330  
BUSINESS MAILING ADDRESS: SAME ZIP \_\_\_\_\_  
BUSINESS PHONE: 954 236 56 68 954 236 2899  
DESCRIBE TYPE OF BUSINESS: IMPORT-EXPORT  
BUSINESS IS: Corporation  Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

| Owner/Officer (s)       | Home Address                      | City/Zip     | Phone# |
|-------------------------|-----------------------------------|--------------|--------|
| 1. <u>FRANK M. COVA</u> | <u>12890 SW 34 PLACE DAVIE FL</u> | <u>33330</u> |        |
| 2. _____                |                                   |              |        |

Federal ID Number or Social Security Number 595-42-6750

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 99, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only. no signs or exterior storage, no on-site employees are permitted.**

FRANK M. COVA \_\_\_\_\_  
Print Owner or Officers Name and Title Signature of Owner or Officer

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| Office Use Only: Date <u>5/21/99</u> Category <u>10150</u> Fee <u>52.50</u> Rec# _____ New _____ Trans _____ |
| License # <u>9912393</u> Control # <u>10769</u> Zoning <u>R-1</u><br>(KapoK Vill. Estates)                   |
| Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____                          |
| Town Council Date _____ Approved _____ Denied _____  |
| Tabled To _____ Approved _____ Denied _____  |
| TOWN CLERK APPROVAL _____  |

4/98

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION